

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN
See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF Wanda Faye Jones, et al.	COURT CASE NUMBER 3:12-cv-0203
DEFENDANT Elite Emergency Services, LLC, et al.	TYPE OF PROCESS Garnishment

SERVE AT { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
American Physician Partners ("APP")
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
5121 Maryland Way, Suite 300, Brentwood, TN 37027

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

Trevor W. Howell, Esq.
Howell Law Firm
The Customs House
701 Broadway, Suite 401, Box 17
Nashville, TN 37203

Number of process to be served with this Form 285

Number of parties to be served in this case

Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

Signature of Attorney or other Originator requesting service on behalf of: <i>Trevor W. Howell</i>	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER (615) 739-6938	DATE 10/12/17
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SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process 1-1	District of Origin 75	District to Serve No.	Signature of Authorized USMS Deputy or Clerk <i>Maureen L. Leno</i>	Date 10/27/17
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I hereby certify and return that I ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above) WIN WINEGAR VP	<input checked="" type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode
Address (complete only different than shown above)	Date 10/31/17 Time 1445 <input type="checkbox"/> am <input checked="" type="checkbox"/> pm
	Signature of U.S. Marshal or Deputy <i>CSA</i>

Service Fee \$130.00	Total Mileage Charges including endeavors 16.05	Forwarding Fee	Total Charges 146.05	Advance Deposits 119.80	Amount owed to U.S. Marshal* or (Amount of Refund*) 146.05
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REMARKS:

* 1 Deputy 2 Hours 30 miles R/T

PRINT 5 COPIES

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

Form USM-285
Rev. 12/80